



6817 975

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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/689,444
	Filing Date	October 12, 2000
	First Named Inventor	FARR, MINA
	Art Unit	3739
	Examiner Name	J. Leubecker
Total Number of Pages in This Submission	Attorney Docket Number	017516-007520US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Certificate Correction; Certificate of Correction; Return Postcard
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<b>Certificate DEC 02 2004 of Correction</b>		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Craig P. Wong	
Date	November 24, 2004	Reg. No. 45,231

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Donna Zimmerman	Date November 24, 2004



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By:

Donna Zimmerman

PATENT  
Attorney Docket No. 17516-007520US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Mina Farr et al.

Patent No.: 6,817,975 **Bi**

Filed: October 12, 2000

For: ENDOSCOPE

Examiner: J. P. Leubecker

Art Unit: 3739

REQUEST FOR CERTIFICATE OF  
CORRECTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.322 Applicant submits a Certificate of Correction correcting printing errors made at the time of printing of the patent. No fee is required for this Certificate. The desired corrections are set forth on form PTO/SB/44, enclosed.

Respectfully submitted,

Dated: November 24, 2004

By:

Craig P. Wong  
Craig P. Wong  
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60363878 v1

8 DEC 2004

# UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO : 6,817,975 *B1*  
DATED : November 16, 2004  
INVENTOR(S) : Mina Farr  
Wolfgang Braxmeir

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 18 at line 63, Claim 30: After "ocular-relay" add the word "gap,"

MAILING ADDRESS OF SENDER: Craig P. Wong, Esq.  
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Attorney Docket No.: 017516-007520US

PATENT NO. 6,817,975

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